MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2219 63-008491 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
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FILED MAR 8 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Troy
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Carole Middle: Jeanne Last: Crouch

4. DATE OF DEATH: Month: February Day: 25, Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/19/1941

9. AGE (last birthday): 21
IF UNDER 1 YEAR: Months / Days / Hours / Min.
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Typist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Troy, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Leroy Crouch

13b. MOTHER'S MAIDEN NAME: Ellen Parker

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT: Leroy Crouch, Troy, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Edema of brain — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Diabetes Mellitus — 10 yrs
DUE TO (c): 260 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Benign cyst of Pituitary

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-23-63 to 2-25-63 and last saw her/him alive on 2-24-63
Death occurred at 12:05 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.D.

22b. ADDRESS: 634 N. Grand Blvd.

22c. DATE SIGNED: 2-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-28-63

23c. NAME OF CEMETERY OR CREMATORY: Troy Cemetery

23d. LOCATION (City, town, or county) (State): Troy, Mo.

24. FUNERAL DIRECTOR ADDRESS: McCoy Funeral Home, Troy, Mo.

25. DATE RECD. BY LOCAL REG.: FEB 27 1963

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

STATEMENT BY LICENSED EMBALMER:

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. W. Pinkley

Licensed Embalmer No. 3653

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.